

Humanities: Art, Language, and Spirituality in Health Care

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Centering Care: The Role of Labyrinths for Fostering Reflection in Pediatric Palliative and Critical Care Settings

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The labyrinth represents an ancient symbol of wholeness and is thus applicable to health care settings as patients and providers alike seek healing and wholeness. A labyrinth combines the imagery of winding spirals together to compose a meandering but purposeful path.¹ The labyrinth shape represents a journey toward the center (centering) and back again out into the world (caring re-entry).² The labyrinth tradition dates back 3500 years ago with varying geographies from Crete to Egypt to Scandinavia claiming original origin. Labyrinths have been located within caves in Asia, on the walls of temples in India, and printed within the pottery of ancient tribes in South America. Original labyrinths were designed with soil and sod vegetation. The Christian church later included smaller labyrinth patterns on cathedral walls, shifting the format to a finger maze instead of a walking path. Correction settings have explored the role of labyrinths for opportunities to explore self-regulation and self-care.³ The labyrinth is associated with mindfulness, as the labyrinth journey requires a slow pace and a trusting, concentrated approach.⁴

Finding Meaning in the Meditative Walk

Our pediatric palliative care team engaged in a labyrinth offering for patients and families with the offering of a participant reflection afterward. A 21-foot canvas labyrinth was unfolded outdoors next to the pediatric intensive care unit at the Children's Hospital and Medical Center Omaha on scheduled monthly dates for four hours each day (Fig. 1). The labyrinth was advertised the staff and families of

hospitalized children through signage and written announcements. The family members of inpatient pediatric palliative care patients received hand-printed invitations to join in a labyrinth walk. The labyrinth walk was available for any person who wished to participate—inclusive of hospital staff, pediatric patients (whether carried or walking with assistance), and patient family members. On completion of the labyrinth walk, participants were invited to complete a written reflection using colorful markers and labyrinth stationery.

To help the pediatric palliative care team better understand the meaning of the labyrinth meditation for participants, 18 labyrinth walk participants permitted for their reflection to be used for content analysis (Table 1). Two study team members jointly reviewed the reflections and applied codes to each phrase to capture its meaning. For semantic content analysis, one rater independently coded all responses with a second reviewer verifying coding. The reflections were then evaluated for themes. Although each reflection was broken into parts by theme, the entire reflection content was used in final analysis.

The reflections offered insight into the labyrinth experiences of pediatric patients' parents ($n = 7$), hospital staff members ($n = 10$), and a child patient ($n = 1$). Employees and parents had unique needs that reflected their role in the process of caregiving. Parental themes focused on the labyrinth as a means of providing a distraction and providing a method of spiritual reflection. Prominent hospital staff themes were the labyrinth as a journey and as a calming encounter. The experience of the labyrinth was noted

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Fig. 1. Photograph of the labyrinth located on the outdoor patio next to pediatric intensive care unit.

to be universally positive for participants. The two charts available in Figure 2 depict how often a theme appeared in the reflective writing grouped by type of participant (prevalence by participant comparison). Parents interpreted the labyrinth as an opportunity to practice trust and spirituality. Hospital staff focused on the labyrinth walk as means to calm and to reflect on their caring journey.

Shared Reflections

Our hospital chaplain who was recently diagnosed with a form of amyotrophic lateral sclerosis shared the following reflection after walking the labyrinth: “When I first started walking the labyrinth many years ago, I wondered where it would take me. I can be pretty destination oriented in my life, particularly my

spiritual life. There are things I want to know, to understand and to have answers for. In my life and in my work as a chaplain, faith about God’s love, existence, and power in my life and others has rarely waived but with respects to finer details about dogma, doctrine, and certainty, those have been ... well ... elusive. I find myself in a tension between wanting to know what I know and learning to accept that the questions are sometimes, oftentimes, much more beautiful than the certainty. There is a very practical reminder of that in and through the labyrinth. Usually when I enter the labyrinth I am still trying to focus and think about what I am doing on this path. I immediately become aware of my surroundings, sounds, heat, the sun, my comfort. I try to collect these thoughts and let them go so I can focus more and more on what it is I’m doing on the path and in the labyrinth. Sometimes, I can make it to the center

Table 1
Labyrinth Themes and Exemplary Quotes

Theme	Quantified ^a (n = 18 Participants)	Exemplar Quotes
Journey	Seven phrases	“The journey not the destination is the gift.” “Journey to reconnect with myself today.”
Spiritual	Three phrases	“Each step as God’s gift.” “Surrounded by a caring presence.”
Trust	Six phrases	“Tempted to cross lines but you want to stay on the path.” “Took trust to complete this walk.”
Grief	One phrase	“I might let myself grieve more.”
Distraction	Seven phrases	“Provides distraction, concentration.” “Super dizzy fun—after three times with my four year old!”
Gift	Five phrases	“Each step is truly a gift.” “Accepting the gift of each step.” “The center inner space was a wonderful gift.”
Calming	13 phrases	“Felt more grounded after walking.” “Calm and centered.” “Challenge and peacefulness.”

^aNumber of phrases/participants (42/18).

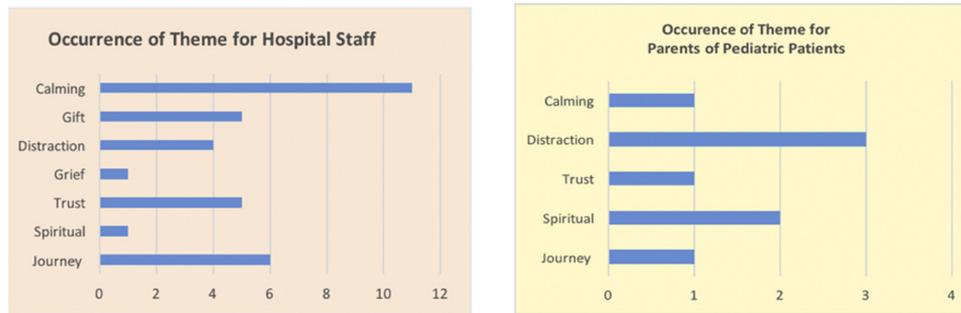


Fig. 2. Theme prevalence by labyrinth participant.

and out without ever getting past this phase. This used to frustrate me as I, like so many others, am results driven. I want to sense I accomplished something. Living just for the joy of the journey was difficult for me and my ministry tells me it is hard for many. I have been fortunate enough to bear witness to many moments of uncertainty in many lives where life feels directionless and hope deferred. How nice it would be to just be in the midst of God's presence and grace without having to figure out what might happen next. Recently I entered the labyrinth on a beautiful mid-summer day before noon. My journey into the labyrinth began familiar enough. I was aware of the sounds of construction, the feel of the heat of the labyrinth under my feet, a slight breeze, a set of eyes watching from across the porch, and the increasing difficulty I was having walking without losing balance. Earlier this year I had been diagnosed with a motor neuron disease that is progressive. As I focused on this fact, and the cane I was using, I felt frustration about what I was even doing out here. Did those eyes see me lose my balance? What if I did fall? Would that be upsetting to people? So many questions flooding my thoughts yet I began finding myself drifting away from the why's and what's to something else: who. Who was walking? I was walking this. For this moment, I was walking. I began to focus on each step and the beauty of each step, even if unbalanced. I began to fall in love with every step and the God that gave it to me. This lasted through to the center and out again. About half-way through the journey out, I began to feel the fatigue really setting in and the steps becoming very difficult, yet my love for them remained. I was determined to see that journey to the end, but I was exhausted. It didn't matter if I ever walked the labyrinth again because I can always walk the Lord who I know loves me. Life is only a journey in which each moment can be loved. Nothing more. It will still be bombarded with questions that cannot be answered satisfactorily on this side and difficulties with our being, be it physical, relational, or spiritual will persist. Yet, I choose to love each step. That was a gift God spoke to me in and through the labyrinth.

My faith steady, my need for results less occupying and my hope for a future invigorated, my Lord walked with me along the way, step by beautiful step."

Our pediatric palliative care physician shared the following reflection after walking the labyrinth: "Sometimes as a palliative care team we receive consults with very specific requested outcomes such as "fix the pain" or "get code status clarified." In the way these well-intended consults are phrased, there is almost a missional linear march to the request. In reality, when we enter into the sacred space of the patient's room, we recognize there is not a straight path to completing the consult. There is a lived journey. Even if the child is just a few days old, we realize that this baby was created in the context of a seemingly loving relationship with parenting hopes and a nine-month journey of pregnancy and growth for this child. Each child represents the hopes, the dreams, the futuristic anticipations of a family. The path to care is rarely linear. This life was created with complexity, and the medical diagnosis is revolutionizing this child's development and this family's response. Even pain management assessments are not linear in the way we approach them as palliative providers because the easy part is to "manage the burning and tingling in the hands and the feet" with targeted neuropathic agents. The reality is that the physical pain carriers are associated with psychosocial, existential, spiritual, relational, financial, and communal domains of suffering. It is not as straightforward as gabapentin. The real care is in listening to the child and learning from the family. The family is often confused by the diagnosis and feeling like the path toward cure is cursive. True care is thus exploring the layers upon layers of experience for this child and this family leading to neuropathic pain (cancer diagnosis implications and chemotherapy toxicity) and the way this impacts the child (not being able to button his kindergarten school uniform and no longer able to stack Lego blocks). There may be a temptation to make medicine a linear process but we then miss the beauty of letting the family guide the path. By entering into a child's

room with an open heart and open ears, the path is a creative journey guided by a family's needs. I sometimes crave the efficiency of a linear life because the medical model does value efficiency and data-driven outcomes. But, the real lived journey of compassionate and competent care is tangential toward a center. The center is the child. The family experience is the path surrounding the child. By walking the journey with our pediatric patients and their families, we grow in competence and compassion and care. It is circular, but, it is quite complete.

A pediatric palliative care patient shared the following reflection after walking the labyrinth, guided by his service dog: "Slowed down. Watched my service dog. She was okay." Another child shared after using a finger labyrinth due to inability to engage in physical steps: "This felt fun for my fingers. Like, they were tracing a maze that lifted my scared feelings."

A pediatric palliative care patient's mother shared the following reflection: "Since pregnancy it has been this way. Just one twist leading to the next turn. First, it was the genetics and this was so confusing it was hard to know the way ahead. Then, it was the heart condition and that was such a twist in terms of knowing where we would land and whether she would even survive. Now it is the kidneys giving us another turn. The nurses and doctors remind us to take each day just day by day. Like how I walked this labyrinth step by step. And, this morning I was just marveling at the gift of getting to be her mom. The gift of each twist and turn ultimately allowing me to grow in trust and to grow in love for her and in admiration for the skills of the surgeons and the knowledge of the nurses. As I walked each step in this labyrinth, I was thinking of how I never have walked my daughter's care alone. There has always been someone here at the hospital walking along with us and reminding us they are partners in this path. The labyrinth did not

feel lonely because even though each step feels heavy, the overall journey is lighter because I remembered we are walking this together as a family. My daughter has a family at home and she has a family at the hospital. I know we'll get to the final destination of home and all the twists and turns would have been worth arriving there."

Labyrinth Offerings

Labyrinths in pediatric health care settings, even in immediate proximity to critical care areas, are feasible and implementable offerings. Adult participants reported their labyrinth experiences as meaningful, and child participants depicted the labyrinth walks as supportive. Labyrinths foster opportunities for reflection and calming mindfulness in health care settings.

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